



MARKEL AMERICAN INSURANCE COMPANY

GLEN ALLEN, VIRGINIA

WATERCRAFT DECLARATIONS PAGE



Policy Number: MHY00000619974	Agency Number: 10236 - 000001	Effective Date/Transaction: 02/01/2025 Renew
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Policy Period: From 02/01/2025 **To** 02/01/2026 **12:01 A.M. Standard Time at Your Mailing Address**

Insured Name and Mailing Address LAUREN DE REMER 120 GLEN DRIVE Sausalito, CA 94965	Your Agent 650-348-9130 RITTER INSURANCE AGENCY LLC 2880 N TRACY BLVD STE 1 TRACY, CA 95376
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Yacht Description: 50' 1930 LAKE UNION CUSTOM CRUISER **HIN:**230727
Tender:

Yacht Mooring Location: Sausalito, CA 94965

Navigation Limits: See Port Risk Endorsement

Lay-Up: None **From:** **To:**

COVERAGE	LIMIT	ELECTED DEDUCTIBLE	PREMIUM
Protection and Indemnity	\$300,000		\$651
Uninsured Watercraft	\$300,000	\$0	incl.
Medical Payments	\$10,000	\$0	incl.
Oil Pollution Liability	\$25,000	\$0	incl.
Longshore and Harbor Workers' Compensation	Incl.		Incl.

Minimum Earned Premium \$200.00*	Endorsment Premium: \$150.00
	Unit Premium: \$801.00
	Policy Taxes/Fees: \$0.00
	TOTAL ANNUAL PREMIUM: \$801.00

*\$0 in GA, OH and SC



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Forms and Endorsements

- MHY5001-0114 - The Helmsman Yacht Policy
- MHY5005-0108 - Additional Insured - Designated Marina Endorsement
- MHY5021-0114 - Port Risk Only Endorsement
- MHY5041-0108 - California Amendatory Endorsement
- MHY5030-0220 - General Amendatory Endorsement
- MHY5089-0223 - Wreck Removal Endorsement
- MIL1214-0917 - Trade or Economic Sanctions Endorsement

Loss Payee

Producer

Customer Ref#

Signed on 2024-12-13 at TRACY, CA



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ADDITIONAL INSURED - DESIGNATED MARINA ENDORSEMENT



In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that The Markel Helmsman Yacht Policy is amended as follows:

Schedule

Insured yacht: 1930 LAKE UNION CUSTOM CRUISER
230727

Name and mailing address of person or organization (additional insured):

PELICAN HARBOR
P.O. BOX495

Sausalito, CA 94966

PROTECTION AND INDEMNITY is amended by adding the following:

Additional Definition

An **insured**, as used in the **PROTECTION AND INDEMNITY** section, includes the person or organization named in the above Schedule, but only with respect to liability arising out of the maintenance or use of the **insured yacht** in conjunction with operations performed as a marina providing service or storage for the **insured yacht**.

PROTECTION AND INDEMNITY, Exclusions is amended by adding the following:

This policy excludes coverage to any additional insured named in the above Schedule for **property damage** to the **insured yacht** caused directly or indirectly by any maintenance, repair or servicing to the **insured yacht** by the person or organization named in the above Schedule.

All other terms, conditions, and limitations of the policy remain unchanged.



MARKEL AMERICAN INSURANCE COMPANY

PORT RISK ONLY ENDORSEMENT

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that The Markel Helmsman Yacht Policy is amended as follows:

Schedule

Insured yacht: 1930 LAKE UNION CUSTOM CRUISER
230727

Mooring location of the insured yacht: PELICAN HARBOR MARINA, 200 JOHNSON STREET, SAUSALITO CA
Radius of operation: 2 miles

The 'Navigation Limits' shown on the Declarations Page are deleted and replaced with the 'Radius of operation' limit shown in the above Schedule.

GENERAL CONDITIONS, item 1. Use of the **Insured Yacht** is amended by adding the following restrictions on the use of the **insured yacht**:

The **insured yacht** will be at the location shown in the above Schedule as the 'Mooring location of the **insured yacht**'.
The **insured yacht** may only be operated or moved from the 'Mooring location of the **insured yacht**', whether ashore or afloat, within the 'Radius of operation' shown in the above Schedule, only if the sole purpose of the operation or movement is for maintenance, servicing, repair, refurbishment, safety or demonstration for sale.

All other terms, conditions, and limitations of the policy remain unchanged.



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POLICYHOLDER DISCLOSURE OF FEES



Please be advised that policyholders will be subject to the following fees, where applicable.

Installment Fees

An Installment Fee will be included on any payment when the policy is paid using an installment plan. The Installment Fee is \$2.00 per payment when the policyholder is enrolled in an automatic payment plan. The Installment Fee is \$6.00 per payment when the policyholder is not enrolled in an automatic payment plan.

Reinstatement Fee

A Reinstatement Fee of \$20.00 will apply on any reinstated policy which had previously canceled or lapsed due to non-payment of premium.